

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041585

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** SANTE' NATURAL PRODUCTS, LLC

**Current Principal Place of Business:**

21963 US 19 NORTH  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

21963 US 19 NORTH  
CLEARWATER, FL 33765

**New Mailing Address:**

FEI Number: 20-2809960      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DANCU, DAVID A ESQ.  
2325 STANFORD COURT  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TOLSON, JACQUELYN  
Address: 21963 US 19 NORTH  
City-St-Zip: CLEARWATER, FL 33765 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TOLSON, JACQUELYN D  
Address: 21963 US 19 NORTH  
City-St-Zip: CLEARWATER, FL 33765 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JACQUELYN D TOLSON

MGRM

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date